

cational institution of Nagyatád town by a self-edited questionnaire. Women with an address in the city of Nagyatád and each having a 9-14-year-old daughter were chosen for the study. 247 questionnaire were distributed and 186 were returned for evaluation. The study was performed in 2012. **RESULTS:** 84.4% of the women knew the meaning of the acronym of HPV. Women living in marriage or cohabitation ( $\chi^2=5.966$ ,  $p=0.015$ ), and with income above average ( $\chi^2=5.643$ ,  $p=0.018$ ) were significantly better informed on HPV than single mothers. Only 26.9% of the women knew the role of the virus played in lip and oral cavity cancer, and 38.7% of them described the possibility of the infection in men. As a conclusion, 17.2% of 186 women gave correct answers on HPV. Significantly increased awareness proved to be for 38-year-old or older women of higher level education, or in intellectual work ( $p<0.05$ ). **CONCLUSIONS:** Despite Nagyatád women provided greater awareness on HPV causing cervical cancer compared to data in the literature, their overall knowledge on HPV is modest. In the future, a wide range of information should be provided for them.

#### PCN31

##### UNDERSTANDING THE RATIONALE FOR RESPONSES TO A TIME-TRADE-OFF ASSESSMENT AND WILLINGNESS-TO-PAY IN LUNG CANCER IN THAILAND

Crawford B<sup>1</sup>, Permsuwan U<sup>2</sup>, Thongprasert S<sup>3</sup>, Sakulbumrungsil R<sup>4</sup>, Chaiyakunapruk N<sup>5</sup>, Leartsakulpanitch J<sup>6</sup>, Petcharapiruch S<sup>7</sup>

<sup>1</sup>Adelphi Values, Tokyo, Japan, <sup>2</sup>Chiang Mai University, Chiang Mai, Thailand, <sup>3</sup>Faculty of Medicine Maharaj Nakorn Chiang Mai Hospital, Meung, Thailand, <sup>4</sup>Chulalongkorn University, Bangkok, Thailand, <sup>5</sup>Monash University Malaysia, Selangor, Malaysia, <sup>6</sup>Pfizer (Thailand) Limited, Bangkok, Thailand, <sup>7</sup>Pfizer (Thailand) Ltd., Bangkok, Thailand

**OBJECTIVES:** The use of cost-effectiveness and valuation of the inherent value of health care interventions has been growing in Asia. To understand the thinking of subjects responding to a time-trade-off and willingness-to-pay assessment, subjects were asked to describe what they considered when making their evaluation. Understanding their rationale will provide insights into the values of respondents. **METHODS:** Data were collected from 300 respondents (150 lung cancer patients; 150 general public). Subjects responded to hypothetical lung cancer health states, described by three levels of severity and two levels of side-effects, and provided their valuation of their utility through a visual analog scale and time-trade-off and their WTP to improve from one health state to another. **RESULTS:** Subjects provided a range of responses to their time-trade-off from hope ("Cancer is curable / Treatment may be effective") to concerns of family burden and self-preservation ("Prefer to live as long as possible"). The most common reasons presented was being "Prefer to die than living with cancer" (43% of states) and "Financial burden to others / Prefer to save money for others" (19.3%). Older subjects (50+ years old; 53.3%) and females (48.7%) more frequently stated being "Prefer to die than living with cancer". Rural respondents stated "Prefer to live as long as possible" more frequently than urban respondents (19.6% vs 12.9%). Patients based their payments on their expectations of recovering (70.7%) and to relieve symptoms (16.0%). The general public also based their payments on the relief of symptoms (32.0%) followed by the desire to live longer (18.0%). **CONCLUSIONS:** Our study found that subjects were able to provide valid estimates from the time-trade-off and willingness-to-pay. These rationales provide insights into how responses are formulated within an Asian country. Additional research will need to be conducted to compare these results to other Asian and Western countries.

#### PCN32

##### BREAST CANCER AWARENESS SURVEY

Pakai A<sup>1</sup>, Farkasné Buzánczy G<sup>2</sup>, Horváthné Kívés Z<sup>3</sup>, Oláh A<sup>3</sup>, Boncz I<sup>3</sup>, Sélleiné Gyúró M<sup>3</sup>, Fullér N<sup>3</sup>, Vajda R<sup>3</sup>

<sup>1</sup>University of Pécs, Zalaegerszeg, Hungary, <sup>2</sup>County Hospital of Kécskemet, Kécskemet, Hungary, <sup>3</sup>University of Pécs, Pécs, Hungary

**OBJECTIVES:** Breast cancer is the most commonly diagnosed malignancy worldwide. Our study aims at exploring Hungarian women's relationship to screening tests with their socio-demographic data, their knowledge on the risk factors responsible for the formation of breast tumors, and the practical application of self-examination of the breast. **METHODS:** Quantitative, cross-sectional, descriptive study was conducted in 2013. Non-random, accidental sample included persons aged between 23 and 65 without a history of breast cancer. 160 self-administered questionnaires were distributed, of which 120 proved to be evaluated.  $\chi^2$ -test was performed besides 95% probability ( $p<0.05$ ). Data analysis was performed with SPSS 20.0 programs. **RESULTS:** 69.6% of the respondents have not participated in breast screening during their lifetime. The average age of the first presentation in mammographic screening accounted for 43.08±7.74 years. Among women participating in screening 22.5% of them come to screening yearly, 38.8% of them visit screening every two years, 10% of them come in 3 years, and 12.5% of them turn up even less frequently. We found no significant differences between the socio-demographic characteristics and the participation in screening ( $p>0.05$ ) 64.3% of the interviewed women performed self-examination on the breasts, but only 15.7% of the respondents performed it correctly, 5 days after menstruation. Eight pictures supported by text explanation were shown to demonstrate self-examination in the questionnaire. 17.39% of the women could establish the correct sequence. One or two errors were made by 45.22%, three or four errors were made by 16.52% of the respondents and 20% gave completely wrong sequence. **CONCLUSIONS:** It should be important to raise awareness in the screening process, emphasize the potential benefits, limitations, and possible adverse effects for all women and in particular the risk they may have if they fail to participate. In the long term, it is inevitable to develop responsible health behavior.

#### PCN33

##### COMPARATIVE ANALYSIS OF PAIN INTENSITY IN HOSPICE CARE AT HOME AND IN HOSPITALS

Fullér N, Oláh A, Betlehem J, Boncz I, Pék E  
University of Pécs, Pécs, Hungary

**OBJECTIVES:** Many challenges are experienced in the care of cancer patients like how to reach the painless condition and how to improve the quality of life. The intensity of

pain, the distress caused by the pain and the pain's experience are affected by many factors and these factors should be considered during the multidisciplinary care. We supposed that in case of hospice patients the circumstances, the place of the care and family support are such significant factors. Our aim was to compare hospice patients cared by home-hospice service and hospice department regarding pain and functional capability in Hungary. **METHODS:** A quantitative cross-sectional study was performed in 2011-2012 using an anonymous questionnaire. Our tool contained a visual analog scale (VAS) to measure the intensity of pain, Beck depression inventory SF and self-developed questions. SPSS.18.0. programme was used for data analysis, regression analysis, khi-square, Mann-Whitney and Kruskal-Wallis tests were used to find out the correlations. Finally 120 patients ( $n=120$ ) participated in our study from the Southern Transdanubian region of Hungary. **RESULTS:** The total intensity of pain was  $4.4 \pm 2.2$  at the hospice department and  $2.4 \pm 0.9$  in case of home hospice patients. There was a significant difference between the two groups ( $p<0.001$ ). We found significant correlation regarding the intensity of pain and severity of depression ( $p<0.001$ ). The presence of pain affected the functional capability, the decrease of the capability was connected with the increase of the pain. **CONCLUSIONS:** We concluded that the place of the care is a determinative factor in case of hospice patient care. Part of the patient centralized care we have to focus on the family support and one of our challenge should be to teach the family how to care their relatives. With the enhance of the family care it is possible to fill the health care system's gaps in.

#### PCN34

##### QUALITY OF LIFE AMONG PATIENTS WITH ESOPHAGEAL/CARDIAC PRECURSOR LESION OR CANCER: A ONE-YEAR PROSPECTIVE SURVEY

Zhao ZM, Pan XF, Wen Y, Huang WZ, Chen F, Lan H, Huang H, Yang CX  
Sichuan University, Chengdu, China

**OBJECTIVES:** The objectives of the study were to assess the quality of life (QOL) among patients with esophageal/cardiac precursor lesion or cancer at different stages, and evaluate changes in QOL during follow-up after primary treatment. **METHODS:** We enrolled 220 patients with esophageal or cardiac lesion between September 2007 and January 2010. They were followed up with the EuroQol-5 dimension (EQ-5D) for QOL before primary treatment and at 1, 6 and 12 months after primary treatment. We calculated QOL scores (in terms of EQ-5D scores) based on the five-item descriptive system of health states of the EQ-5D and the UK preference weighting system. **RESULTS:** In total, 74 patients with precancerous lesion, 88 with early stage cancer, and 58 with advanced cancer participated in our survey. Prior to clinical treatment, the average EQ-5D score of patients with advanced cancer was  $0.81 \pm 0.17$  (mean  $\pm$  standard deviation), significantly lower than that of patients with early stage cancer ( $0.87 \pm 0.09$ ) or precancerous lesion ( $0.90 \pm 0.05$ ) ( $P<0.01$ ). For precursor lesion, the score declined in the first month ( $P<0.001$ ), and gradually increased to a higher level at 12 months than before treatment ( $P=0.023$ ). It showed a similar trend for early cancer ( $P<0.05$ ), though it was not statistically recovered even at 12 months ( $0.85 \pm 0.15$  versus  $0.87 \pm 0.09$ ,  $P=0.226$ ). Regarding advanced cancer, the score showed a consistent decline, reached the lowest at 6 month, and finally rebounded to a similar level compared to that before treatment ( $0.80 \pm 0.13$  versus  $0.81 \pm 0.17$ ,  $P=0.624$ ). **CONCLUSIONS:** Our results indicate that patients with precursor lesion or early stage esophageal or cardiac cancer have better QOL than do those with advanced cancer. Early detection and treatment improve QOL in the long run, despite QOL compromise in the immediate time. Particular attention and extra care should be given in the early period of treatment for patients.

#### PCN35

##### MAPPING THE FUNCTIONAL ASSESSMENT OF CANCER THERAPY - BREAST (FACT-B) TO THE 5-LEVEL EUROQOL GROUP'S 5-DIMENSION QUESTIONNAIRE (EQ-5D) INDEX IN A MULTI-ETHNIC ASIAN BREAST CANCER PATIENTS

Lee CF<sup>1</sup>, Gandhi M<sup>2</sup>, Cheung YB<sup>2</sup>

<sup>1</sup>Singapore Clinical Research Institute, Singapore, <sup>2</sup>Duke - National University of Singapore Graduate Medical School, Singapore

**OBJECTIVES:** To develop an algorithm mapping the Functional Assessment of Cancer Therapy - Breast (FACT-B), to the 5-level EuroQol Group's 5-dimension questionnaire (EQ-5D-5L) index. **METHODS:** A baseline survey of 238 self-administered breast cancer patients in Singapore was conducted. Regression models using ordinary least square, Tobit and censored least absolute deviation were fitted to predict the EQ-5D-5L index based on the five subscale (physical, social/family, emotional, functional well-beings, additional concerns for breast cancer) scores of the FACT-B. Data from a follow-up survey of these patients were used to validate the results. **RESULTS:** A model that maps the physical, emotional, function well-being subscales and the breast cancer concerns of the FACT-B to the EQ-5D-5L index was derived. The social/family well-being subscale was not associated to the EQ-5D-5L index. Although theoretic assumptions may not hold, ordinary least square showed better goodness-of-fit measures than other regression methods. The mean predicted EQ-5D-5L index within each performance status level deviated from the observed mean. However, the magnitudes of the deviations were smaller than the minimally important difference in EQ-5D for cancer patients. **CONCLUSIONS:** The mapping algorithm converts the FACT-B to the EQ-5D-5L index, which is essential in health economic evaluation. This enables oncologists and clinical researchers to obtain a quantitative utility summary of a patient's health status when only the FACT-B is assessed.

#### PCN36

##### HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH CERVICAL CANCER IN INDONESIA

Endarti D, Riewpaiboon A, Thavorncharoensap M

Faculty of Pharmacy, Mahidol University, Bangkok, Thailand

**OBJECTIVES:** Report of health-related quality of life (HRQOL) among cervical cancer patients in Indonesia is very rare. This study aimed to examine the HRQOL of cervical cancer patients in Indonesia using EQ-5D-3L. **METHODS:** A cross-sectional sur-